## LOG OF NAVY INJURIES AND OCCUPATIONAL ILLNESSES DESCRIPTION OF INJURY OR ILLNESS EXTENT OF AND OUTCOME OF CASES LOST TIME CASE INJURY DEATHS REGULAR DEPARTMENT NATURE OF INJURY OR ILLNESS Enter Lost No First CASE OR DATE EMPLOYEE'S NAME AND PART(S) OF BODY AFFECTED OR (Date of Check Workday Lost Aid FILE OF (Last, and initial(s)) JOB TITLE (Dept. in (Typical entries for this ILLNESS death) if case Case Time Case **INJURY** NUMBER (Not activity which the column might be: CODE involved Enter check Case OR ONSET employee was employee Amputation of 1st joint right forefinger (See lost time if case performing is regularly OF codes involved a ILLNESS when injured employed) Strain of lower back or at onset bottom complete Contact dermatitis on both hands of illness) of day away Electrocution - body) page) from work due to injury or illness Mo/Day/Yr Mo/Day/Yr (1) (2) (3) (4) (5) (6) (7) (8) (9) (9A) (10)(11)Injury Code 23 Respiratory conditions due to toxic agents Command/Activity\_\_\_\_\_ 10 All occupational Injuries 24 Poisoning (Systemic effects of toxic materials) 25 Disorders due to physical agents (other than toxic materials) Illness Code 21 Occupational skin diseases or disorders 26 Disorders due to repeated trauma or stress 22 Dust diseases of the lungs (pneumoconioses) 29 All other occupational illnesses

## Instructions for Completing the Log of Navy Injuries and Occupational Illnesses

- Column 1 Case or File Number Use any numbering system desired.
- Column 2 Date of Injury or Illness For injuries, enter the date of the mishap which resulted in injury.

  For occupational illnesses, enter the date of initial diagnosis of illness or, if absence occurred before diagnosis, the first day of the absence in connection with which the case was diagnosed.
- Column 3 Employee's Name Last name first, then initial(s).
- Column 4 Regular Job Title Injured or ill person.
- Column 5 Department or Code Enter the name of the department to which employee was assigned at the time of the injury or illness, whether or not the employee was actually working in that department at the time.
- Column 6 Nature of Injury or Illness and Part(s) of Body Affected Enter a brief description of the injury or illness and indicate part or parts of the body affected.
- Column 7 Injury or Illness Code Enter the one code which most accurately describes the nature of injury or illness.
  - ☐ Injury Code:
    - 10 All Injuries
  - Olliness Codes:
    - 21 Occupational Skin Disease or Disorders. Contact dermatitis, eczema or rash caused by primary irritants and sensitizers or poisonous plants; oil acne; chrome ulcers; chemical burns or inflammations, etc.
    - 22 Dust Diseases of the Lungs (Pneumoconioses). Silicosis, asbestosis, coal worker's pneumoconiosis, byssinosis and other pneumoconioses.
    - 23 Respiratory Conditions due to Toxic Agents. Pneumonitis, pharyngitis, rhinitis, or acute congestion due to chemicals, dusts, gases or fumes, farmer's lung, etc. Use this category only if the respiratory system is injured. If the lungs were just the route of entry for a toxic agent that caused systemic injury, cite Code 24.
    - 24 Poisoning (Systemic Effects of Toxic Materials). Poisoning by lead, mercury, cadmium, arsenic or other metals; poisoning by carbon monoxide, hydrogen sulfide, or other gases; poisoning by benzol, carbon tetrachloride, or other organic solvents; poisoning by insecticide sprays such as parathion, lead arsenate; poisoning by other chemicals such as formaldehyde, plastics and resins etc.
    - 25 Disorders due to Physical Agents (Other than Toxic Materials). Heatstroke, sunstroke, heat exhaustion and other effects of environmental heat; freezing, frostbite and effects of exposure to low temperatures; caisson disease (bends); effects of ionizing radiation (isotopes, X-rays, radium); effects of non-ionizing radiation (welding flash, ultraviolet rays, microwaves, sunburn); etc.
    - 26 Disorders due to Repeated Trauma or Stress. Noise-induced hearing loss; synovitis, tehosyhovitis and bursitis; Raynaud's phenomenon; and other conditions due to repeated motion, vibration or pressure or stress.
    - 29 All Other Occupational Illnesses. Anthrax, brucellosis, infectious hepatitis, malignant and benign tumors, food poisoning, histoplasmosis, coccidioidomycosis, etc.

- Column 8 Deaths Enter month/day/year of death.
- Column 9 Lost Time Case Enter a check for each case of nonfatal traumatic injury that causes any loss of time from work beyond the day or shift it occurred; or for each case of nonfatal illness/disease that causes disability at any time. Disability is the incapacity, because of injury in employment, to earn the wage which the employee was receiving at the time of such injury/illness.
- Column 9A Lost Workday Case Enter a check for each lost time case which prevents a military person from performing regular duty or work for a period of 24 hours or more subsequent to 2400 on the day of injury or onset of illness; or causes a civilian employee to miss work for a full shift on any day subsequent to the day of injury or onset of illness.
- Column 10 No Lost Time Case Enter a check for each case where medical expense is incurred but no lost time from work is incurred as represented by a charge either to leave or to continuation of pay (COP). If column 10 checked, do not check column 11.
- Column 11 First Aid Case Enter a check for each case that requires one or more visits to a medical facility for examination or treatment during working hours beyond the date of injury, as long as no leave or COP is charged to the employee and no medical expense is incurred. Also enter a check for each case which requires two or more visits to a medical facility for examination or treatment during non-duty hours beyond the date of injury, again as long as no leave or COP is charged and no medical expense is incurred. If column 11 checked, do not check column 10.
  - NOTE: Column 9 and 9A All lost time cases shall be reduced in column 9. If the case results in loss of work for one or more full work shifts beyond the day of injury, then a second check is to be entered in column 9A. This will result in a check in column 9 and 9A for lost workday cases (this is the only situation where there will be two checks for a case). Columns 10 and 11 are mutually exclusive. If a case meets the definition of a first aid case, record it in column 11. Do not report it in column 10.

## Changes in Extent of/or Outcome of Injury or Illness

If there is a change in an occupational injury or illness that affects entries in columns 9, 9A, 10 or 11, the first entry should be lined out and a new entry made. For example, if an injured employee at first lost no time past the day of mishap but later lost time, the check in column 10 would be lined out and the appropriate entry would be entered in column 9 and/or 9A.

An entry may be lined out if later found to be a nonoccupational injury or illness.

If the log is maintained by computer, the correct information with an explanation is to be added to the log. Do not delete the original entry.

Incidents that result in no medical treatment or medical treatment only on the date of injury should <u>not</u> be logged unless an OWCP form is received. When a report form is received for such a case as well as a case where an employee submits a notice of injury or illness solely to document an incident or exposure (and which are retained at the activity), it will be logged as a "no lost time" case.